

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, October 18, 2011 at the hour of 12:00 P.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Ansell called the meeting to order.

Present: Chairman David Ansell, MD, MPH and Directors Hon. Jerry Butler and Luis Muñoz, MD, MPH (3)

Pat Merryweather (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Barbara Farrell – System Director of Quality and Patient Safety

Claudia Fegan, MD – Ambulatory and Community Health Network of Cook County (ACHN)

David Goldberg, MD – John H. Stroger, Jr. Hospital of Cook County

Helen Haynes – System Associate General Counsel

Dan Howard – System Chief Information Officer

Bala Hota, MD – System Chief Medical Information Officer

Anwer Hussain, DO – Oak Forest Health Center

Patricia Kelleher, MD – System Director of Employee Health Services

Roz Lennon – System Chief Clinical Officer

Terry Mason, MD – System Chief Medical Officer

John O'Brien, MD – System Chairman of Planning, Education and Research

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Deborah Santana – Secretary to the Board

Deborah Tate – System Chief of Human Resources

Pierre Wakim, MD – Provident Hospital of Cook County

Antoinette Williams – John H. Stroger, Jr. Hospital of Cook County

II. Public Speakers

Note: public testimony was received following the consideration of Item IV.

Chairman Ansell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Report from System Chief Medical Officer

A. Update on Employee Influenza Vaccination Program

Dr. Patricia Kelleher, System Director of Employee Health Services, provided an update on the Employee Influenza Vaccination Program. She stated that the percentage of employees receiving the vaccination has increased over the past two years from 25% to 60-80% (ranging from System-wide and affiliate totals). Dr. Kelleher stated that last year, 59% of employees System-wide received the vaccination; she noted that this was an improvement over past years' vaccination rates.

III. Report from System Chief Medical Officer

A. Update on Employee Influenza Vaccination Program (continued)

She stated that educational programs are ongoing, and that the Program receives strong support from the administration. She noted that there are some funding issues that need to be addressed. It has been a challenge to manually track compliance and enforcement; there is a need for the procurement of software to track this information.

Ms. Merryweather referenced the immunization rates for agency nurses; she noted that these nurses are most often not immunized with the influenza vaccination. This is a challenge for an organization with high usage of agency nurses. Dr. Kelleher stated that, in the past couple of years, Human Resources has not let contracted staff receive an identification badge unless they have received their vaccination.

Chairman Ansell thanked Dr. Kelleher for her update, and requested that the Committee receive periodic updates on the Program, beginning in December.

B. Update on transition activities for Oak Forest Health Center

Dr. Claudia Fegan, Associate Chief Medical Officer of the Ambulatory and Community Health Network of Cook County, stated that management is beginning to take a closer look at the patients seen at Oak Forest, and to review the problems associated with transitioning an emergency department into an Immediate Care Center. She noted that 84 patients were transferred from Oak Forest Health Center last month.

Dr. Fegan stated that a group was convened to review the message sent to the public and staff about the Immediate Care Center at Oak Forest. Two recommendations came from this activity: 1) the Immediate Care Center should be re-named, to instead refer to it as the 24-hour Doctors' Office; and 2) consider relocating it into the building where the rest of the clinic activities occur.

IV. Report from System Chief Clinical Officer (Attachment #1)

Roz Lennon, System Chief Clinical Officer, provided an update on nurse staffing. Additionally, she presented an update on the Nursing Handoff Project. The Committee reviewed and discussed the information.

Further discussion took place regarding nurse staffing, budgeted positions, and challenges in recruiting for and filling positions. Antoinette Williams, Chief Nursing Officer at John H. Stroger, Jr. Hospital of Cook County, provided additional information regarding shortages in nursing. Deborah Tate, System Chief of Human Resources, provided information regarding the tracking and monitoring of recruitment and hiring for positions.

Chairman Ansell asked Barbara Farrell, System Director of Quality and Patient Safety, to develop a measure relating to this issue for the Quality dashboard; additionally, he stated that a plan needs to be developed with medical staff leaders to determine how to address the issue.

V. Report from System Director of Quality and Patient Safety

A. Quality Report

i. John H. Stroger, Jr. Hospital of Cook County

The Quality Report from John H. Stroger, Jr. Hospital of Cook County was deferred to the November meeting.

Ms. Farrell congratulated the staff of Provident Hospital of Cook County for a most successful accreditation by The Joint Commission. Ms. Farrell stated that the results are close to near-perfect; she noted that this is a great accomplishment, especially when compared to the fourteen pages of findings from the accreditation in 2008.

VI. Recommendations, Discussion/Information Items

A. Progress report - Communities Putting Prevention to Work (CPPW), for the period of June through August 2011 (Attachment #2)

Director Butler, seconded by Director Muñoz, moved to receive and file the Progress Report for the Communities Putting Prevention to Work, for the period of June through August, 2011. THE MOTION CARRIED UNANIMOUSLY.

B. Update on data review and systems preparation for Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (meaningful use) (Attachment #3)

Dr. Bala Hota, Chief Medical Information Officer, and Dan Howard, Chief Information Officer, presented an update on the data review and systems preparation for Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (meaningful use). The Committee reviewed and discussed the information.

C. Reports from the Medical Staff Executive Committees

i. Provident Hospital of Cook County (Attachment #4)

ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Pierre Wakim, President of the Executive Medical Staff of Provident Hospital of Cook County, presented his report for Provident Hospital. Included in the report were updates on the following: transfers (including a total for obstetrics transfers) for the month of September; Dr. Quick/November Goals; Multi-disciplinary Care Committee; Medical Staff Quarterly Dinner; Joint Conference Committee Meeting; Emergency Medicine Update/Presentation; Faculty-Cook County Manual of Emergency Procedures Book; Joint Commission Visits; and Oak Forest Urgent Care Clinic Update. The Committee reviewed and discussed the information; further discussion took place on the subjects of transfers and capacity issues.

Dr. Anwer Hussain, representing Oak Forest Health Center, presented an update on the transition activities related to Oak Forest Hospital. He stated that the management of the Oak Forest Immediate Care Center will soon transfer to ACHN. He noted that there were certain goals or expectations built for when the transition takes place. The first was an expectation of a slight decline in the volume of patients. The second was the expectation of approximately four to five transfers per day. The third was the expectation that the acuity of patients presenting at the Health Center would gradually decrease. Dr. Hussain presented information indicating that the goals or expectations are being met.

VI. Recommendations, Discussion/Information Items

C. Reports from the Medical Staff Executive Committees (continued)

Dr. David Goldberg, President of the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County, presented his report. He stated that there were three or four items on their medical staff agenda, including the following: a presentation about the CareLink process; a presentation from Dr. Jeffrey Watts from the Department of Psychiatry on their Quality Assurance activities; and a report from Dr. Goldberg on some advocacy efforts that have been ongoing.

VII. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, September 20, 2011

Director Muñoz, seconded by Chairman Ansell, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of September 20, 2011. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections VI, VII and VIII

C. Proposed Amendment to Cooperative Educational Master Agreement with Vanguard Health System/Weiss Memorial Hospital (Attachment #5)

Chairman Ansell, seconded by Director Muñoz, moved to approve the proposed Amendment to the Cooperative Educational Master Agreement with Vanguard Health System/Weiss Memorial Hospital. THE MOTION CARRIED UNANIMOUSLY.

VIII. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #6)

Note: the Committee did not recess the regular session and convene into closed session.

The item was presented as amended, as two initial appointments for physicians at Provident Hospital were withdrawn from consideration.

Director Muñoz, seconded by Chairman Ansell, moved to approve the Medical Staff Appointments/Re-appointments/Changes, as amended. THE MOTION CARRIED UNANIMOUSLY.

IX. Adjourn

As the agenda was exhausted, Chairman Ansell declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
David Ansell, MD, MPH, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
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ATTACHMENT #1

Nurse Staffing

Staffing Overview

- Revised/replaced existing staffing plans from 2005
- Productivity – establishing and meeting a required level of efficiency for all labor resources
- Worked hours divided by patient days and worked hours divided by ED visits – is the output per unit of labor
- Benchmarking – comparing CCHHS productivity performance to similar facilities in order to improve performance (ThomsenReuters Solucient)
- Established targets at the 50th percentile for most nursing services
- All Med/Surg Units are below 25th percentile*
- Ultimate goal to manage labor resources in accordance with targets

*Baseline data 12/1/2009 – 7/31/2010 includes departments 6E,6W,6S,7E,7W,7S,8E,8W,8S

Nurse Staffing

Med Surg – Current Staffing FY 2011

Area (Stroger)	Target Hours worked/unit service	Worked FTEs	Additional FTEs to Achieve Target
Med/Surg			
6W	9.76	27.6	13
6E	9.76	28.5	14
6S	9.76	29.4	17
7E	11.83	37.5	17
7W	11.83	27.4	24
7S	11.83	29.3	31
8S	11.83	28.0	30
8W	11.83	26.8	20
8E	12.07	28.0	<u>23</u>
			189 Total

Estimated annual agency usage - 16,843 hours (8.0 FTEs): \$751,201

Estimated annual overtime usage - 29,981 hours (14.4 FTEs)

Source: Worked FTEs calculated from Quadramed Worked hours FYTD through Aug annualized
Additional FTEs based on Original Budget Request from 6/14/2011

Nurse Staffing

Critical Care – Current Staffing FY 2011

AREA (Stroger)	Target Hours worked/unit service	Worked FTEs	Additional FTEs to Achieve Target
Critical Care			
Neuro ICU	21.33	19.4	10.5
SICU	17.72	27.5	0
CCU	18.56	18.7	10
MICU	19.72	54.2	<u>16</u> 36.5 Total

Estimated annual agency usage - 3159 hours (1.5 FTEs): \$198,400

Estimated annual overtime usage - 26,577 hours (12.7 FTEs)

Source: Worked FTEs calculated from Quadramed Worked hours FYTD through Aug annualized
Additional FTEs based on Original Budget Request from 6/14/2011

Nurse Staffing

Emergency Dept– Current Staffing FY 2011

AREA (Stroger)	Target Hours worked/unit service	Actual Hours worked/ Unit of Service	Worked FTEs	Additional FTEs to Achieve Target
Emergency Dept (includes adult and pediatric)	3.34	2.78	165	33

Estimated annual agency usage - 7782 (3.7 FTEs) \$503,569

Source: Worked FTEs calculated from payroll data annualized from 6/4/2011-7/2/2011
Additional FTEs equals number needed to achieve target

Nurse Staffing

Staffing Plan/Actions

- Review and Prioritize vacancies
- Establish Float Pool
- Address significant management vacancies
- Build flexibility as feasible
- Identify Challenges and opportunities to fill positions;
 - o Plan for 2012 budget
 - o Financial limitations
 - Recruitment
 - Compensation
 - Benefits
 - o Education Challenges
 - Loan forgiveness program-not offered
 - Tuition reimbursement timing
- Set Short term limitation on open beds- As needed

Nursing Hand Off Project Update

- **Handoff Defined** by the Institute for Healthcare Improvement as “The process of transferring **primary authority & responsibility** for providing clinical care to a patient from one departing caregiver to one oncoming caregiver.”
- **Researched** best practices in the literature resulting in the identification of 5 critical to quality components for our System:
 - Direct nurse-to-nurse report (with opportunity for questions & clarification)
 - Use of computer documentation (orders, medications, reports)
 - Use of care plan
 - Limited interruptions during report period
 - Two nurse bedside safety check (introductions, safety, comfort)
- **Partnering** (as of August 23) with a taskforce of **direct care nurses** to provide education, establish buy-in, pilot components & begin first phase of the implementation process.
- **Roll out** of *standardized* System-wide process is targeted for January 2012 .

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ATTACHMENT #2

Progress Report

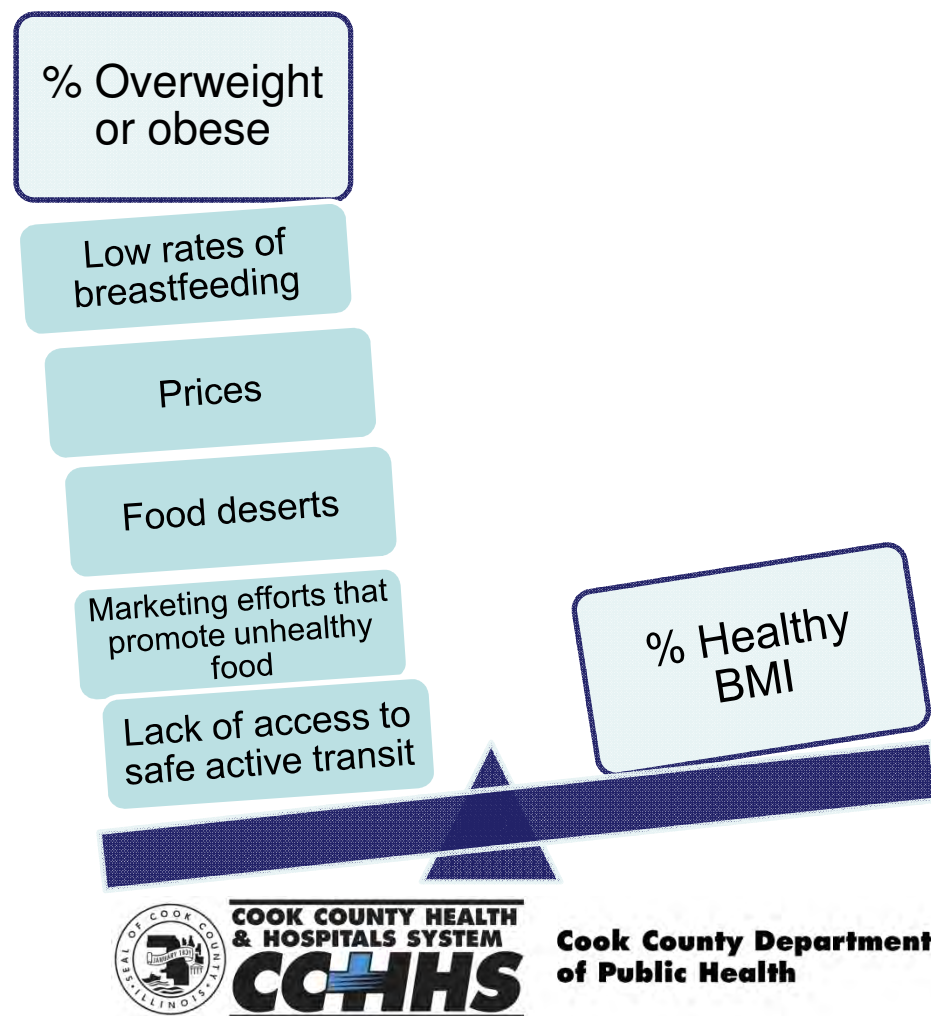
**Reporting Period:
June – August 2011**



**Cook County Department
of Public Health**

Recap: The Problem

- Chronic diseases are leading cause of death and disability
- Obesity, a risk factor of chronic diseases, is one of the largest epidemics in suburban Cook County
- A culture that promotes “unhealthy” living



Recap: A Part of the Solution – Communities Putting Prevention to Work

- Aimed at policy and environmental changes that reshape the nutrition and physical activity landscape
- CCDPH, in collaboration with the Public Health Institute of Metropolitan Chicago, awarded nearly \$16 million to make the healthier choice, the easier choice for those that work and live in suburban Cook County



**Cook County Department
of Public Health**



Recap: Community Action Plan (CAP)

- Promotes broad-based policy changes at state, county and local levels that support individuals and families in their efforts to eat healthy and be active
- Focuses on promoting breastfeeding; enhancing school environments; & building healthier communities.
- 19 objectives in total that ***align with 4 pillars of National Prevention Strategy***



**Cook County Department
of Public Health**

Highlights

(Organized by Pillars in National Prevention Strategy)

**Reporting Period:
June – August 2011**



**Cook County Department
of Public Health**

Pillar 1: Healthy Communities

- Requires working across all sectors
- Impact is across the lifespan
- Early successes catalyzed by CPPW



**Cook County Department
of Public Health**

Highlight: State-Level Action

- Illinois Fresh Food Fund is established & expected to be implemented in Fall 2011
 - To support full service grocery store development in low food access communities
 - Integral players include Governor's Office, Illinois Facility Fund and Voices for Illinois Children (facilitator) with support from CLOCC & CPPW
 - RFP anticipated to be released in 2011



**Cook County Department
of Public Health**

Highlight: County-Level Action

- Food system survey to be released in September for individuals who live and work in suburban Cook County to complete
 - Developed in collaboration with Northern Illinois University & the Food Steering Committee
 - Aims to garner input on the food system to determine issues that the proposed Food Policy Council might address
 - Survey open until 9/29/11



**Cook County Department
of Public Health**

Highlight: Local-Level Action

- Local Governments, Community Based Organizations and School Districts work to implement healthier schools and communities
 - Up to \$4 million awarded to 38 grant recipients as part of the Model Communities Grant Program
 - Initiatives impacting 71 communities and 127 schools (estimated 1.7 million residents)
 - Successes: 1) Implementation of 7 Community Gardens and 1 Farmers Market; 2) Passage of 2 Complete Streets and 1 Safe Park Zones ordinances; and 3) Establishment of wellness councils in 7 School Districts (28 schools)



**Cook County Department
of Public Health**

Highlight: Local-Level Action

- **Healthy Hotspots: Working with Corner Stores to Increase Access to Healthy Foods**
 - Healthy Hotspots are designated “places” where changes are being made that make it easier for people to make healthy choices
 - 20+ small, local corner stores within 8 communities are engaged in the Healthy Hotspots project
 - Aims to bring healthy options to communities that have low food access, defined (for the most part) as having 50% or more of their population one mile or more away from the nearest supermarket and a median household income less than Cook County’s



**Cook County Department
of Public Health**

Pillar 2: Preventive Services & Community Efforts

- Chronic Disease Self-Management Program
 - At least 5 entities working to institutionalize the Chronic Disease Self-Management Program into community settings
- Breastfeeding
 - On 9/21/11, ICAAP, ACOG and AAFP to adopt & promote breastfeeding support referral system
 - 12 hospitals in suburban Cook County working towards implementing Baby-Friendly steps; Little Company of Mary applying for WHO official designation



**Cook County Department
of Public Health**

Pillar 3: Empowered Individuals

- Change social norms
 - “Place and Health” Forums to generate dialogues across suburban Cook County on environmental impacts on health
 - Health communications campaign(s) to launch in October 2011
 - Alliance for Healthy & Active Communities
 - Promote consistent messaging across numerous organizations that empower and educate individuals across suburban Cook County



**Cook County Department
of Public Health**

Pillar 4: Eliminate Health Disparities

- Focus on areas with disparities
 - Social norms change via health communications campaign(s) and “place and health” forums
 - Place-based changes via policy Initiatives (e.g., Baby Friendly Hospitals; Transit-Oriented Development in South Suburbs, Healthy Hotspot Corner Store Initiative and Illinois Fresh Food Fund)
 - Model Communities Program – one of the criteria in selection was need



**Cook County Department
of Public Health**

Beyond CPPW: Measures of success

- Build a large constituency for public health
 - Schools, business, government, health-based networks and local coalitions to advocate for health change
- Develop a Community Capacity Building Center
 - Online and in-person training, information sharing, and best-practice/evidence based resource for all to use
- Change social norms
 - Successfully achieve all CAP objectives
 - Health in all policies (all sectors)
 - Noticed improvement in self-initiated health policy
- Additional funds secured



**Cook County Department
of Public Health**

Beyond CPPW: Challenges & Opportunities

- Consider minimal agency and community infrastructure
- Ensure cohesive team and messaging among all partners
- Link with CCHHS activities
- Capitalize on the impact of short-term, hard-hitting grant



**Cook County Department
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ATTACHMENT #3



Meaningful Use Update

Bala Hota, MD, CMIO

Katina Daher, BSN, Director of Clinical Informatics

Meaningful Use Program

- ▶ A Medicare and Medicaid financial incentive program for the “meaningful use” of certified EHR technology designed to improve the quality of care
 - ❑ To be implemented in 3 Stages, beginning in 2011 until 2015
 - ❑ Includes hospitals and eligible professionals
 - ❑ Provides financial incentives initially
 - ❑ Will impose financial sanctions after 2015.
- ▶ **What is an Eligible Hospital under the Medicare EHR Incentive Program?**
 - ▶ "Subsection (d) hospitals" in the 50 states or DC that are paid under the Inpatient Prospective Payment System (IPPS)
 - ▶ Critical Access Hospitals (CAHs)

What is an Eligible Hospital under the Medicaid EHR Incentive Program?

Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume

Children's hospitals (no Medicaid patient volume requirements)

MU Management/Administration

Financial

- Service Volume Qualification Analysis
- Cash Flow
- Cash Disbursement

Information Technology

- Roadmap Development and Delivery

Operational

- Medicare vs. Medicaid
- MU Measure Reporting
- Attainment Timeline
- Monitor Attainment
- Attestation / Measure Submission
- Education /Awareness
- Executive Updates

Clinical Adoption

- Policy Refinement and Development
- Adoption Accountability

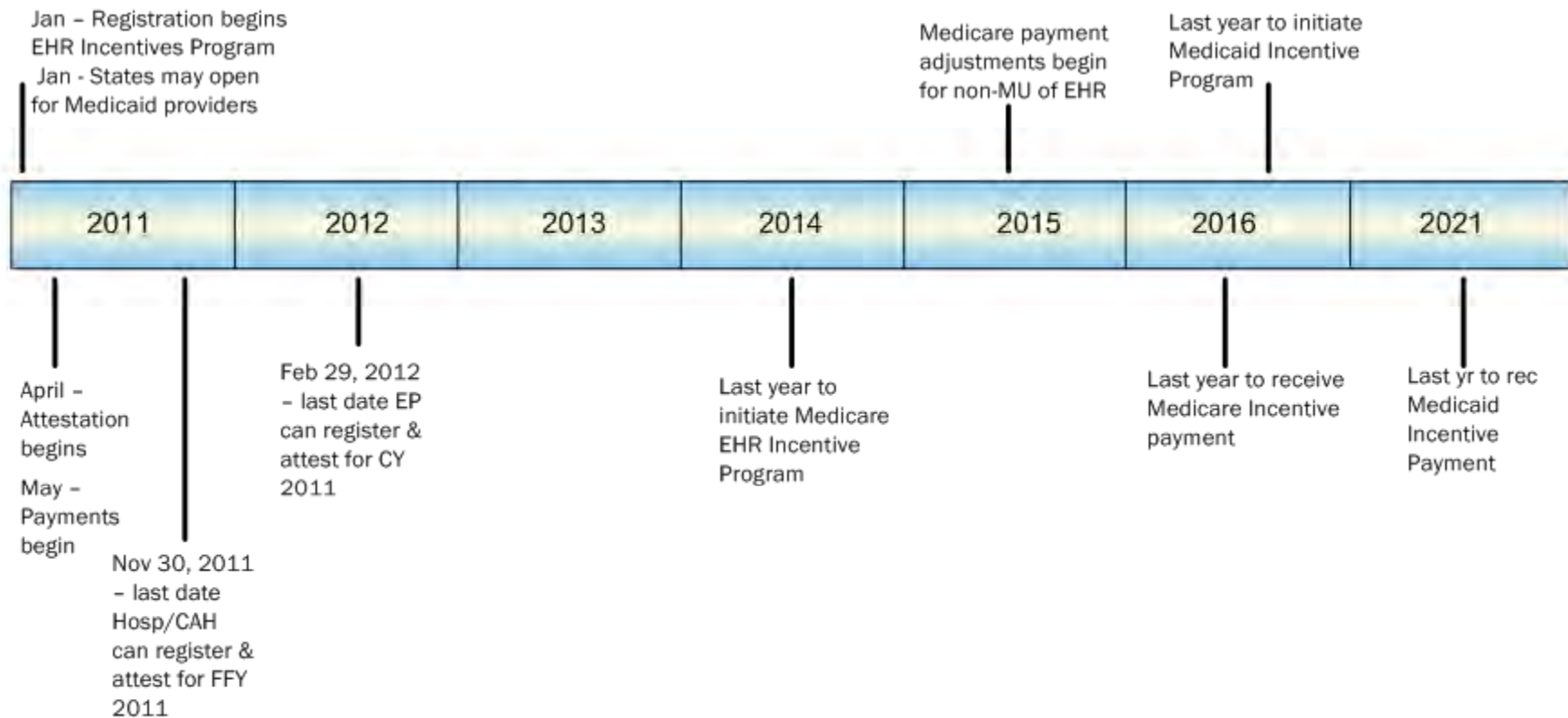
Clinical Quality

- Clinical Quality Measure
- Content Delivery
- Clinical Quality Adoption and Reporting

Recommended Members and Responsibilities

- **Chief Medical Officer /Chief Medical Information Officer**
 - Educate staff on impact of meaningful use
 - Ensure physician workflow is optimized to meet meaningful use and ensure adoption
- **Chief Nursing Officer / Director of Clinical Informatics**
 - Educate staff on impact of meaningful use
 - Ensure nursing workflow is optimized to meet meaningful use and ensure adoption
- **Meaningful Use Practice Manager**
 - Coordinate and drive the task force
 - Monitor and report on meaningful use attainment
 - Coordinate attestation and submission of measures
 - Drive executive reporting and updates
 - Coordinate meaningful use education
 - Stay current on future recommendations and rule making
- **Chief Information Officer**
 - Ensure IT roadmap will position Hospital and Providers for meaningful use
 - Deliver and report on roadmap progress towards meaningful use
- **Chief Financial Officer**
 - Determine incentives and penalties for hospitals and providers
 - Define cash flow considerations for incentives and penalties
 - Determine cash disbursement for incentives
 - Establish provider elections for Medicare or Medicaid
- **Chief Quality Officer**
 - Drive clinical quality measures content
 - Establish clinical quality measures reporting and adoption
- **Chief Compliance Officer**
 - Ensure compliance initiatives are incorporated into the roadmap
 - Audit compliance to meaningful use

Registration / Attestation Timeline



Financial Impact to CCHHS

- ▶ For Provident and Stroger Hospitals
 - ▶ includes acute care and ED providers
 - ▶ Potential of \$6 million in incentives for both hospitals

- ▶ For eligible providers
 - ▶ ambulatory providers
 - ▶ \$44,000 incentive per provider
 - (assumption of 300-400 providers) based on reconciled doctor master

Eligible Hospital Incentive Payment

Table 1: Initial Amount Calculation

Type of Hospital	Hospitals with 1,149 or fewer discharges during the payment year	Hospitals with at least 1,150 but no more than 23,000 discharges during the payment year	Hospitals with 23,001 or more discharges during the payment year
Base Amount	\$2,000,000	\$2,000,000	\$2,000,000
Discharge-Related Amount	\$0	\$200 x (n – 1,149) (n is the number of discharges during the payment year)	\$200 x (23,001 – 1,149)
Total Initial Amount	\$2,000,000	Between \$2M and \$6,370,400 depending on the number of discharges	Limited by law to \$6,370,400

Medicare Share

The formula for the Medicare Share calculation is as follows:

of IP Part A Bed Days + # of IP Part C Days

$$\text{Total IP Bed Days} \times \left[\frac{\text{Total Charges} - \text{Charges Attributable to Charity Care}}{\text{Total Charges}} \right]$$

IP=inpatient

Table 2: Fiscal Year That Eligible Hospital First Receives the Incentive Payment

Fiscal Year					
	2011	2012	2013	2014	2015
2011	1.00				
2012	0.75	1.00			
2013	0.50	0.75	1.00		
2014	0.25	0.50	0.75	0.75	
2015		0.25	0.50	0.50	0.50
2016			0.25	0.25	0.25

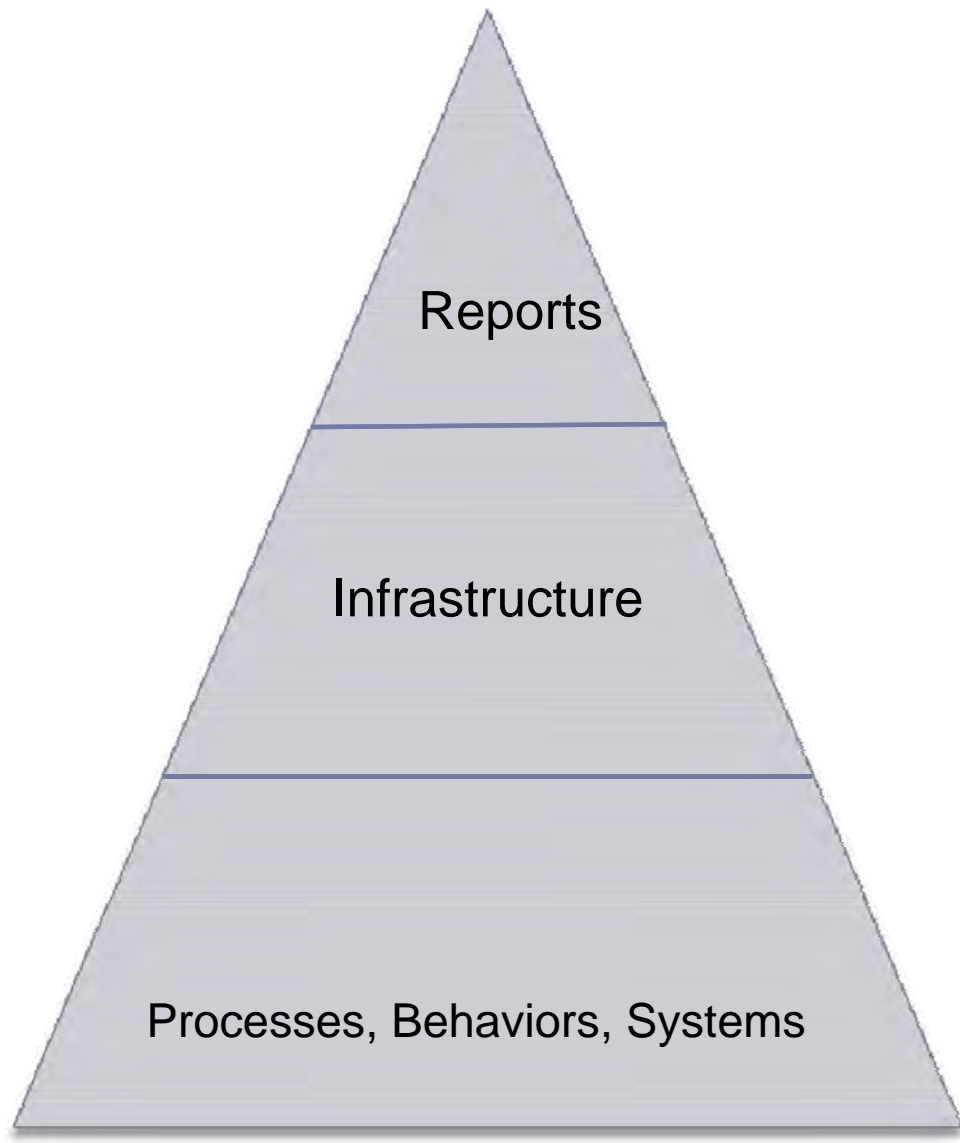
Eligible Provider Payment Schedule

Payment Amounts	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2011	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2012	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2013	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2014	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2015
Payment Amount for 2011 Will Be	\$18,000				
Payment Amount for 2012 Will Be	\$12,000	\$18,000			
Payment Amount for 2013 Will Be	\$8,000	\$12,000	\$15,000		
Payment Amount for 2014 Will Be	\$4,000	\$8,000	\$12,000	\$12,000	
Payment Amount for 2015 Will Be	\$2,000	\$4,000	\$8,000	\$8,000	
Payment Amount for 2016 Will Be		\$2,000	\$4,000	\$4,000	
Total Payment Amount Will Be	\$44,000	\$44,000	\$39,000	\$24,000	

CHITREC subsidy for MU

- ▶ For any given site/clinic up to 10 providers per site (MD, DO, NP, PA – as long as they are licensed to prescribe) who perform primary care and practice a primary care specialty.
- ▶ The total amount available per provider is \$2200, so \$22k for a 10 provider site.
- ▶ \$1000/provider is available following the documentation of “go live” at the site and the remaining \$1200/provider is available after documentation of providers achieving MU.
- ▶ Preliminary provider list given to CHITREC

Stage 1 Meaningful Use



- ▶ Reports: ONC endorsed Meaningful Use Reports
- ▶ Infrastructure: IT infrastructure (certified software); tools to achieve and measure compliance
- ▶ Processes: Systems to support clinical workflows that enable meeting MU criteria

3 categories of MU goals

- ▶ 1. Meet criteria, have a “certified system” in place
 - ▶ E.g., CPOE, allergy checking, decision support rule, patient lists

- ▶ 2. Meet criteria or have a process in place, need to implement a “certified system”
 - ▶ Medication reconciliation, discharge instructions, public health reporting, quality measurement

- ▶ 3. No process in place, need a process and a certified system
 - ▶ CCD exchange

Work performed to date




















▶ Eligible Hospital

- ▶ Cerner Reports installed and configured for Provident and Stroger to determine gaps/barriers to meeting metrics
- ▶ Baseline data collected
- ▶ Process and technology deficits were identified necessary to meet requirements
- ▶ Planning for implementation of necessary projects to meet requirements started and timelines being defined
- ▶ Implementation of quick win targets: existing processes
 - ▶ Smoking cessation/Problem Lists/Cause of Death/Public Health/Electronic Records for patients
















▶ Eligible Providers

- ▶ Identified accurate list of ambulatory providers – doctor master reconciliation
- ▶ Reports being configured to identify deficits
- ▶ Process to bill Medicare or Medicaid at the provider level needs to be in place

Core Objectives (all must be met)

Objective	Hospital	Elig. Provider	Deficit
CPOE			Met
Problem List			At 69%
Medication List			Met
Medication Allergy List			Met
Drug-Drug Checking			Met
Record Vital Signs			Advanced Growth Chart to plot BMI
Record Smoking Status			Met
eRX (for EP's only)	NA		
Reporting Quality Measure			Lighthouse Reports
Clinical Decision Support			Met
Record Demographics			Met
eCopy of Health Information			Met
eCopy of Discharge Instructions			Depart process, or HIM
Clinical Summary at each office visit(EP's only)	NA		
Exchange Key Clinical Information			CCD document

Menu Measures (only five must be met)

Objective	Hospital	Elig. Provider	Deficit
Drug Formulary Checking			Met
Lab Test Results			Met
Immunization			Share with ICARE
Reportable Labs			Met
Syndromic Surveillance			Met
Patient List			Met
Patient Reminders	NA		
Patient Specific Education			Depart Process
Timely Electronic Access	NA		
Advance Directives			Met
Med Rec			Meds Rec
Summary of Care Record			CCD document

Selected barriers identified to date

- ▶ Reconciling existing processes and data sources to ensure a single source of truth
 - ▶ E.g. Doctor list – credentialing, ambulatory, cerner doctor master, siemens, payroll – all lists are different!
- ▶ Maximize potential eligibility for MU funds
 - ▶ Billing of Medicare by providers
- ▶ Hardware/infrastructure requirements to support demand
 - ▶ Login Latency – improving
- ▶ Implementation of new tools
 - ▶ Training – no internal training team
- ▶ Identification of provider in electronic data
 - ▶ Registration processes and practice management
- ▶ Recognition that MU represents an ongoing series of transformations, and requires ongoing IT/organizational investment through 2015 and beyond

Innovative approaches to address barriers

▶ Illinois Public Health Node

- ▶ CCHIT certified solution developed via contracts and grants from CDPH, IDPH to submit public health data

▶ Electronic Copy of Health Records

- ▶ Cerner “certified” solution vs. internally developed approach
- ▶ PDF print of electronic record to USB drive or CD – cost of workstations

▶ Training

- ▶ Power Note rollout – Vendor training was not sufficient
- ▶ You Tube Videos

Next Steps

- ▶ Register Intent to Attest (November 2011)
- ▶ Establish a Meaningful Use Task Force (May 2011, meeting weekly)
- ▶ Partner with Clinical Advisory Group or Clinical Subcommittees to ensure accountability for defining process and adoption (Leveraging existing committee structures, active since June 2011)
- ▶ Align MU objectives and deliverables with roadmap for organizational change
 - ▶ Ambulatory EHR rollout and deprecation of existing tools
 - ▶ ICD-10 and provider billing training
 - ▶ Medicare/Professional Billing
 - ▶ HIE participation (MCHC/Microsoft)
 - ▶ Cerner/Siemens Optimization
 - ▶ RVU calculation/Provider level electronic measures
- ▶ Manage change
 - ▶ Parallel efforts underway that enable MU eligible provider attestation
 - ▶ Coordinate, communicate

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ATTACHMENT #4

Quality and Patient Safety Committee Meeting at Stroger

**Pierre E. Wakim, D.O.
President of the Medical Staff at PHCC
Chairman of the Emergency Medicine Department
Summary Report**

Tuesday, October 18, 2011

Agenda

- I Transfers for the month September**
 - Total = 135**
 - OB = 15**
- II Dr. Quick/November**
 - Goals:**
 - Decrease LWOTs**
 - Provide more efficient care**
 - Improve through-put**
- III Multi-disciplinary Care Committee**
 - Management of patients holding in ED**
 - Out-patient Cardiac Diagnostic Testing**
 - Establishing an ED Observation Unit**
- IV Medical Staff Quarterly Dinner**
 - Tuesday, October 11, 2011**
- V Joint Conference Committee Meeting**
 - Wednesday, October 12, 2011**
- VI Emergency Medicine Update/Presentation**
 - ED Volume Average – 3000-3400/mo.**
 - Average Intake Time (Quick Reg.) to Bed Time (Physician): Less than 2 hours**
 - Patients Admitted to Bed at Provident; 35%, more than 12 hours holding**
 - Patients Admitted to Bed at Stroger, daily 1-2 patients, wait time around 24 hours**
- VII Faculty-Cook County Manual of Emergency Procedures Book**
- VIII Joint Commission Visits**
 - 10/12/11**
- IX Oak Forest Urgent Care Clinic Update**
 - Change of Status to Doctor's Office/ December 1, 2011**
 - Management under ACHN**

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
October 18, 2011

ATTACHMENT #5

Cook County Health & Hospitals System

AS AMENDED

BOARD APPROVAL REQUEST

SPONSOR: John O'Brien, M.D., Chairman of Planning, Education and Research, CCHHS		<i>John O'Brien 10/7/11</i>
DATE: 09/09/2011	PRODUCT / SERVICE: Service – Cooperative Educational Master Agreement	
TYPE OF REQUEST: Amendment to Cooperative Educational Master Agreement	VENDOR / SUPPLIER: Vanguard Health System / Weiss Memorial Hospital Chicago, Illinois	
FISCAL IMPACT / ACCOUNT: 897-272 Stroger Hospital		GRANT FUNDED AMOUNT: None
CONTRACT PERIOD: 10/31/2011 thru 06/30/2016		CONTRACT #: 08-41-358
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO / OMP] N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A		

PRIOR CONTRACT HISTORY:

This is an Amendment to a Cooperative Educational Master Agreement (CEMA) which provides for a podiatry residency program between Cook County Health and Hospitals System and Vanguard Health System/Weiss Memorial Hospital.

Oak Forest Health Center is now a regional outpatient center therefore; the parties wish to amend the Agreement to reflect the correct designations for each party and to permit the use of any CCHHS facility for purposes of the podiatry residency training rotations that previously occurred only at Oak Forest Hospital of Cook County.

NEW PROPOSAL JUSTIFICATION:

This CEMA Amendment allows podiatry residents to rotate at Stroger Hospital, in addition to other Cook County Health and Hospitals System entities. This agreement was reviewed by Director Lyne on April 20, 2011 and by the Quality and Patient Safety Committee on May 17, 2011.

FINANCIAL BENEFIT: [Prior Cost versus New Cost]

Savings calculation: N/A

Percent: N/A

TERMS OF REQUEST:

This is a request to amend contract for a period of 56 months from 10/31/2011 thru 06/30/2016.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? N/A

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: N/A

CCHHS COO: 
Carol Schneider, Interim Chief Operating Officer

CCHHS CFO: 
John Cookinham, Interim Chief Financial Officer

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein
CORE Center •

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Revised 03/01/2011

Cook County Health and Hospitals System
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October 18, 2011

ATTACHMENT #6

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Bucher, Gary, MD Appointment Effective:	Pediatrics/Child Adolescent October 18, 2011 thru October 17, 2013	Affiliate Physician
Chang, Grace, MD Appointment Effective:	Surgery/General Surgery October 18, 2011 thru October 17, 2013	Voluntary Physician
Cunill, Denise, MD Appointment Effective:	Pediatrics/ACHN October 18, 2011 thru October 17, 2013	Active Physician
Dighe, Dipti, MD Appointment Effective:	Pediatrics/Hematology/Oncology October 18, 2011 thru October 17, 2013	Voluntary Physician
Lamberti, Paul, MD Appointment Effective:	Surgery/Orthopedics October 18, 2011 thru October 17, 2013	Active Physician
Patel, Shilpa M., MD Appointment Effective:	Medicine/Infectious Disease October 18, 2011 thru October 17, 2013	Active Physician
Roberts, John M., MD Appointment Effective:	Surgery/Ophthalmology October 18, 2011 thru October 17, 2013	Service Physician
Walton Verner, Kimberly, MD Appointment Effective:	Pediatrics/ACHN October 18, 2011 thru October 17, 2013	Active Physician
Young, Lester, MD Appointment Effective:	Surgery/Orthopedics October 18, 2011 thru October 17, 2013	Active Physician

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Konefal, Tadeusz, MD Reappointment Effective:	Clinical Adult Anesthesia November 15, 2011 thru November 14, 2013	Active Physician
Torres, Maria, MD Reappointment Effective:	Pain Management November 18, 2011 thru November 17, 2013	Active Physician

Department of Correctional Health Services

DeFuniak, Andrew, MD Reappointment Effective:	Family Practice November 18, 2011 thru November 17, 2013	Active Physician
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John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Correctional Health Services (continued)

Lott, Sonia, MD	Family Practice	Active Physician
Reappointment Effective:	October 18, 2011 thru October 17, 2013	

Mansour, Mohamed, MD	Internal Medicine	Active Physician
Reappointment Effective:	November 24, 2011 thru November 23, 2013	

Department of Emergency Medicine

Thompson, Trevonne, MD	Emergency Medicine	Voluntary Physician
Reappointment Effective:	November 20, 2011 thru November 19, 2013	

Department of Medicine

Beard, Glenn A.T., MD	Pulmonary/Critical Care	Active Physician
Reappointment Effective:	October 20, 2011 thru October 19, 2013	

Brannegan, Richard T., MD	Neurology	Active Physician
Reappointment Effective:	November 17, 2011 thru November 16, 2013	

Demetria, Melchor V., MD	Gastroenterology	Active Physician
Reappointment Effective:	November 14, 2011 thru November 13, 2013	

Hanna, Aseel A., MD	ACHN/General Medicine	Affiliate Physician
Reappointment Effective:	October 20, 2011 thru October 19, 2013	

Mosnaim, Giselle S., MD	Pulmonary/Critical Care	Consulting Physician
Reappointment Effective:	October 19, 2011 thru October 18, 2013	

Sefah, Angela O., MD	ACHN/General Medicine	Affiliate Physician
Reappointment Effective:	October 20, 2011 thru October 19, 2013	

Seo-Lee, Alisa, MD	ACHN/General Medicine	Active Physician
Reappointment Effective:	October 20, 2011 thru October 19, 2013	

Vettiankal, Gijo G., MD	Gastroenterology	Active Physician
Reappointment Effective:	November 17, 2011 thru November 16, 2013	

Department of Obstetrics and Gynecology

Gamble, Tondalaya, MD	OB/GYNE	Active Physician
Reappointment Effective:	October 21, 2011 thru October 20, 2013	

Department of Pathology

Niklinski, Waldemar, MD	Anatomic Pathology	Active Physician
Reappointment Effective:	November 20, 2011 thru November 19, 2013	

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics

Echiverri, Susan, MD	Genetics	Active Physician
Reappointment Effective:	November 13, 2011 thru November 12, 2013	
Fujara, Majorie, MD	Child Protective Services	Active Physician
Reappointment Effective:	November 16, 2011 thru November 15, 2013	
Henry Reid, Lisa, MD	Pediatrics	Active Physician
Reappointment Effective:	November 16, 2011 thru November 15, 2013	
Pildes, Rosita, MD	Neonatology	Honorary Physician
Reappointment Effective:	November 24, 2011 thru November 23, 2013	
Soglin, David, MD	Pediatrics	Active Physician
Reappointment Effective:	November 24, 2011 thru November 23, 2013	

Department of Radiology

Caluser, Calin, MD	Special Procedure	Active Physician
Reappointment Effective:	November 18, 2011 thru November 17, 2013	

Department of Surgery

Perez-Tamayo, Ruheri, MD	Cardiothoracic	Active Physician
Reappointment Effective:	November 16, 2011 thru November 15, 2013	
Wysocki, Robert, MD	Orthopedics	Active Physician
Reappointment Effective:	October 18, 2011 thru October 17, 2013	

Non-Medical Staff Renewal of Privileges

Fowler, Nancy, C., CNP	Psychiatry/Juvenile Center	Nurse Practitioner
With Tomas, Lynelle E., MD		
Reappointment Effective:	November 20, 2011 thru November 19, 2013	
Sutton, Robin, CCP	Cardiothoracic	Pefusionist
Reappointment Effective:	November 17, 2011 thru November 16, 2013	
Uddin, Farhana F., PA-C	Surgery/Urology	Physician Assistant
With Wille, Mark A., MD		
Alternate Courtney Hollowell, MD		
Reappointment Effective:	December 29, 2011 thru December 28, 2013	

Change in Privileges for Non-Medical Staff

Scherr, Lisa K., CNP	Medicine/Infectious Disease	Nurse Practitioner
With Thomas, Tin T., MD		

John H. Stroger, Jr. Hospital of Cook County (continued)

Prescriptive Authority for Non-Medical Staff

Sarazine, Julia T., CNP
With Deamant, Catherine, MD

Medicine/General Medicine

Nurse Practitioner

MEDICAL STAFF CHANGE WITH NO CHANGE IN CLINICAL PRIVILEGES

Thakrar, Jagdish, MD From: Voluntary Physician To: Consulting Physician
Radiology/Radiation Oncology

Provident Hospital of Cook County



Medical Staff Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPLICATIONS

Ahmed, Khadeer, MD	Emergency Medicine/Urgent Care	Active Physician
Appointment Effective:	October 18, 2011 thru October 17, 2013	
Gragasin, Maria E., MD	Internal Medicine	Active Physician
Appointment Effective:	October 18, 2011 thru October 17, 2013	
Milad, Magdy, MD	Ob/Gyn	Affiliate Physician
Appointment Effective:	October 18, 2011 thru October 17, 2013	
Milburn, Mason, MD	Surgery/Orthopedics	Affiliate Physician
Appointment Effective:	October 18, 2011 thru October 17, 2013	
Sauper, Alexander, MD	Surgery/General Surgery	Affiliate Physician
Appointment Effective:	October 18, 2011 thru October 17, 2013	
Szatkowski, Jan, MD	Surgery/Orthopedics	Affiliate Physician
Appointment Effective:	October 18, 2011 thru October 17, 2013	

REAPPOINTMENT APPLICATIONS

Family Medicine

Smith, Stephanie, MD	Family Medicine	Active Physician
Reappointment Effective:	November 2011, thru November 2013	

Internal Medicine

Carryon, Paul, MD	Cardiology	Active Physician
Reappointment Effective:	October 18, 2011 thru October 17, 2013	
Pierre-Louis, Serge, MD	Neurology	Affiliate Physician
Reappointment Effective:	October 18, 2011 thru October 17, 2013	
Rubinstein, Paul, MD	Hematology/Oncology	Affiliate Physician
Reappointment Effective:	October 18, 2011 thru October 17, 2013	
Sweetner, Jonnelle, MD	Internal Medicine	Voluntary Physician
Reappointment Effective:	November 15, 2011 thru Nov 14, 2013	